

#9/A 8-10-03 PATENT APPLICATION/Podestr Amcht 4ARK OFFICE

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Application of:  | ) Forminan D. Doloi           |  |
|--|-------------------------------|--|
| TOSHIHIKO MIYAZAKI ET AL   | : Examiner: D. Dalei )        |  |
| Application No.: 09/781,305  | : Group Art Unit: 2875        |  |
| Filed: February 13, 2001   | ·<br>)                        |  |
| For: METHOD AND APPARATUS FOR MANUFACTURING IMAGE DISPLAYING APPARATUS   | :<br>)<br>:<br>) July 18/2003 | RECEIVED JUL 29 2003 TECHNOLOGY CENTER |
| Mail Stop Non Fee Amendment<br>Commissioner for Patents<br>P.O. Box 1450 |                               | VED<br>2003<br>ENTER 28                |
| Alexandria, VA 22313-1450  |                               | 2800                                   |
| AMEND  | DMENT                         |  |
|  | <del></del>                   |  |

Sir:

In response to the Office Action of April 18, 2003, please amend the above identified application as follows:

The claims are listed beginning at page 3. The Remarks begin at page 21.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 18, 2003.

(Date of Deposit)

RANK A. DeLUCIA (Reg. #42,476)

(Name of Attorney for Applicant)

July 18, 2003 Date of Signature

Docket No. 03500.015124.

Examiner: D. Dalei

Group Art Unit: 2875

Date: July 18, 2003

In re Application of:

TOSHIHIKO MIYAZAKI ET

Application No.: 09/781,305

Filed: February 13, 2001

For: METHOD AND APPARATUS FOR

MANUFACTURING IMAGE **DISPLAYING APPARATUS** 

THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

|  |                                      | С     | LAIMS AS AMEN                                | IDED                    |                |                   |
|--|--------------------------------------|-------|--|-------------------------|----------------|-------------------|
|  | (2) CLAIMS REMAINING AFTER AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE           | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                                | * 78                                 | MINUS | **   | = 0                     | x \$9<br>\$18  | 0                 |
| INDEP.<br>CLAIMS                               | <b>*</b> 4                           | MINUS | ***<br>11                                    | = 0                     | x \$42<br>\$84 | 0                 |
| Fee for Multiple Dependent claims \$140°/\$280 |                                      |       | 0  |                         |                |                   |
|  |                                      |       | TOTAL ADDITE                                 | _                       |                | 0                 |

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

|   | Verified Statement claiming small entity status is enclosed, if not filed previously.   |
|---|---|
|   | A check in the amount of \$ is enclosed.  |
|   | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.   |
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
|   | A check in the amount of \$ to cover the fee for a month extension is enclosed.   |
|   | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.  |
| X | Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.  |
|   | Respectfully submitted,   |
|   | Attorney for Applicants  Registration No. 77  |
|   | Registration No. 10, 176  |

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

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